



COMDTINST 6230.8A

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COMMANDANT INSTRUCTION 6230.8A

Subj: HEPATITIS A IMMUNIZATIONS AND PROPHYLAXIS

Ref: (a) Immunizations and Chemoprophylaxis, COMDTINST M6230.4E

1. PURPOSE. To establish policy and guidelines regarding immunization and prophylaxis against Hepatitis A virus.
2. ACTION. Area and district commanders, commanders of maintenance and logistics commands, commanding officers of headquarters units, assistant commandants for directorates, Chief Counsel, and special staff officers at headquarters shall comply with the procedures of this Instruction.
3. DIRECTIVES AFFECTED. The contents of this Instruction will be incorporated into the next change to reference (a).
4. BACKGROUND.
 - a. Hepatitis A infection, a disease of the liver, is acquired primarily via the fecal-oral route by either person-to-person contact or ingestion of contaminated food or water. It occurs worldwide, mostly in sporadic epidemics. Risk of infection with Hepatitis A virus (HAV) is highest in developing countries where environmental sanitation and personal hygiene are poor. When infection occurs at a young age, it is often asymptomatic. In adults, however, HAV usually causes an illness of several weeks duration. This illness is characterized by fever, malaise, jaundice, and abdominal discomfort. Recent data indicate that at least a third of U. S. born adults already have lifetime immunity, due to prior infection.
 - b. Since transmission of HAV occurs through direct or indirect contact with fecal matter (i.e., via the fecal-oral route), the risk of infection can be greatly reduced through standard public health measures. These include basic sanitation and routine food

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handling practices. Long-term prevention of this infection can be achieved through immunization with a two-dose series of Hepatitis A vaccine. Immunization eliminates the need for post-exposure prophylaxis. This would be cost effective and it would also limit the risk of serious complications that in the past have been noted with the use of blood products such as immune globulin (IG).

5. GENERAL PREVENTIVE MEASURES.

- a. Operations that bring Coast Guard members in contact with persons with HAV should not, by themselves, put members at risk for disease transmission. Maintenance of uncontaminated food and water sources and good personal hygiene will minimize exposure to HAV. Hand washing reduces the risk of HAV transmission, especially the risk associated with food preparation. The effectiveness of thorough hand washing in the control of HAV transmission must be emphasized. In addition, all human wastes must be properly disposed. Stool and liquid wastes are most safely disposed of into a community sewer system or septic tank. This prevents further contact with any contaminated wastes prior to treatment or degradation. Coast Guard vessels have integrated food, water, and sanitation systems which, if not violated, should ensure against shipboard outbreaks of Hepatitis A.
- b. To reduce the risk of person-to-person spread in health care situations, gloves must be worn when working with infected patients, particularly when there is risk of contact with blood, urine, or feces. Universal infection control precautions will greatly reduce the risk of HAV transmission in health care settings.

6. USE OF HEPATITIS A VACCINE.

- a. Except for personnel found previously immune to Hepatitis A, the following personnel shall be vaccinated with Hepatitis A vaccine:
 - (1) All new active duty accessions, both regular and reserve.
 - (2) Deploying military personnel, and as a condition of receiving government travel orders, civilian employees and accompanying family members who travel or deploy to geographic areas with known high risk of Hepatitis A, and personnel with a high likelihood of repetitive travel to high-risk geographic areas.
 - (3) All regular and reserve personnel assigned to WHECs, WMECs, WPBs, Port Security Units (PSUs), Harbor Defense Commands (HDCs). Additional personnel include all other members who have a high likelihood of exposure to unsafe food or water sources, due to assigned missions that require rapid deployment to geographic areas with known high-risk of Hepatitis A (i.e. flood relief areas). The decision to immunize the entire complement of

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another unit will be made by the cognizant medical authority responsible for that unit, only after prior consultation with MLC(k).

- (4) All regular and reserve food service specialists (FSs) and food handlers whose current duties include food preparation will be vaccinated with Hepatitis A vaccine. Additionally, Hepatitis A vaccine is recommended and should be offered to Coast Guard civilian food service employees. The command shall ensure full and current immunizations of contracted food service in accordance with their statement of work prior to employment.

7. ADMINISTRATION OF VACCINES.

- a. Hepatitis A vaccination has replaced IG therapy as the standard of care in preventing Hepatitis A infection.
- b. All other use of Hepatitis A vaccine will be in accordance with current Immunization Practices Advisory Council (ACIP) recommendations, as published by the Centers of Disease Control and Prevention (CDC).
- c. Adult immunizations with Hepatitis A vaccine shall consist of both an initial dose and a booster, given 6 to 12 months after the initial dose. These immunizations will be administered as specified by the manufacturer's instructions. (See the package insert.) For the purposes of pre-travel prophylaxis, individuals must receive the first dose at least four weeks before the start of travel or likely exposure. Otherwise, IG (0.02 ml/kg and for most adults routine doses are 2.0 ml, IM) should be given simultaneously with the first vaccination, but at a different injection site.
- d. Serologic Screening. Serologic screening is cost-prohibitive and should not be performed prior to vaccination unless there is a previous history of HAV infection and serologic confirmation has not been obtained.
- e. Availability. Hepatitis A vaccine is currently available through pharmaceutical Prime Vendor contracts. Coast Guard units should contact their assigned collateral Pharmacy Officer to arrange procurement.

8. RECORD KEEPING.

- a. Any administration of Hepatitis A vaccine or IG shall be recorded in the individual's health record. In the case of active duty and reserve members, an entry shall be made on both the Record of Immunization (SF-601) and the International Certificate of Vaccination (PHS-731) form. In addition, this information will be recorded in the Defense Eligibility and Enrollment System database when means exist (i.e., Composite

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Healthcare Computer System or the Shipboard Automated Medical System). For civilian personnel the entry must be made on the PHS-731 or appropriate recording form.

/s/

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